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Two Cases of Fibroma of the
Broad Ligament

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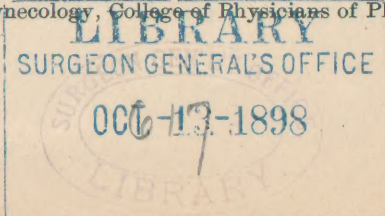
TWO CASES OF FIBROMA OF THE BROAD LIGAMENT.¹

WHILE tumors of the broad ligament arising primarily in one of the pelvic organs are by no means uncommon, it is but rarely that reference is made to tumors of the broad ligament itself existing without involvement of adjacent organs. Of the latter class I have been able to find but five or six which resemble the two cases of the kind which I present to-night.

The first of these tumors is a spherical mass six inches in diameter, removed from a patient in 1892. At the time of the operation I imagined that it was probably a fibrosarcoma, but as the woman is living and in good health six years after the removal of the growth I think that there could have been very little if any sarcomatous tissue present.

This other tumor, the second of this kind which I have removed, is peculiar in that it is a pure fibroma and without attachment to either uterus, ovary, tube, or round ligament; no fibres could be found running to any of these organs. Among the few cases reported which resemble this was one by Boussi,¹ originally diagnosed as a fibroid of the uterus, and which was treated by eschars placed over the sacrum and by use of morphine hypodermatically. The patient survived this treatment for five months, and an autopsy showed the presence of a growth of the broad ligament, without other attachments, the size of an infant's head. Duncan² reports the occurrence of bilateral myomata of the broad ligaments; Gross,³ of Nancy, removed a single tumor of this nature weighing 2,500 grammes; Polosson⁴ mentions a case similar to mine, but of smaller sized tumor. All these tumors seemed, according to their reporters, to possess a uterine pedicle. Praeger,⁵ of Los Angeles, reports

¹ Read before the Section on Gynecology, College of Physicians of Philadelphia, May 19, 1898.



two cases of fibromyomata, the first of the broad ligament, separate and distinct from the uterus, but pushing it out of its position; the second removed ten months after salpingo-oöphorectomy, and in this case a large excess of fibrous tissue was found. Cullingworth⁶ reports a case, in which the uterus and appendages were normal, from which he removed a fibroma of the broad ligament weighing 7 pounds and 5 ounces and measuring $8\frac{1}{2} \times 7\frac{1}{2} \times 6\frac{3}{4}$ inches. The growth had a short, narrow pedicle attached to the posterior surface of the broad ligament half an inch to the inner side of the ovary, and was entirely without adhesions to the uterus, ovaries, ligaments, or tubes; in this respect it resembles my case very closely.

The very best description of these tumors is given by Vautrin.⁷ He thinks they originate in the shining fibres of the broad ligament near the uterus. A tumor reported by him took its origin from the inferior internal part of the broad ligament near the uterine vessels and the lower segment of the uterus, and possessed thick, shining muscular fibres running to the anterior and posterior base of the uterus. It weighed over seven kilogrammes and had no attachment to the uterus. This writer also quotes Bushman's descriptions of cases of this kind reported by Billroth and by Rydygier; these tumors weighed 18 and 15 kilogrammes respectively. The tumor reported by Sängner and by Schmidt weighed 8 kilogrammes. Henly and Luschka take the ground that the shining fibres near the uterus spread themselves through the folds of the broad ligaments, the lower part of which contain many muscular fibres, blood vessels, and lymphatics. The tumor which I removed measured $8 \times 7\frac{1}{2} \times 4\frac{3}{4}$ inches and was apparently entirely in the broad ligament. It had no attachments to either uterus, ovary, tube, or round ligament, and I could not discern the smallest fibre running to these organs. It had developed in the lower part of the broad ligament where the blood supply is most abundant. It had pushed up the broad ligament, and stood out in plain relief when the abdomen was opened. The growth was removed without difficulty, and it was found that the body of the tumor proper did not approach within $1\frac{1}{2}$ to 2 inches of the uterus, the tube and ovary being a considerable distance below. The growth was covered solely by the broad ligament, and its pedicle was composed of the broad ligament and the vessels which came from about the insertion of the uterine artery. I tied off the long, broad pedicle, measuring

4x $\frac{3}{4}$ inches, with a cobbler's stitch, then placed a single figure-of-eight ligature around it below the first ligature, leaving a stump no larger than the end of my finger. This tumor had been growing for nine years. The patient, a married woman 41 years of age, had borne her last child about twelve years ago and had not been pregnant since the growth was first noticed. Nine years ago she noticed a lump about the size of an egg in her left groin, and within the space of seven years and a half this lump had developed into a mass occupying almost the entire portion of the abdomen below the umbilicus. When I began the operation I expected to do a hysterectomy. There was one point in my mind—the limited movement of the uterus when bimanual examination was practised—which made me think that the tumor was not attached to the uterus. The reason for this limited movement was that the broad ligament enveloped both the uterus and the growth. As to the nature of the tumor, the pathologist failed to find any traces of malignancy in it, pronouncing the growth a pure fibroma. I thought it worth while to report this case as one of the few which apparently originate from those muscular fibres which abound in the lower part of the broad ligament. Almost all cases cited in the literature on the subject as tumors of the broad ligament show evidence of having originated either in the uterus, ovary, found ligament, or tube, and the great majority of such cases show evidences of malignancy. The case just recited shows neither.

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